



**DCPS Pre-School / Pre-K / Head Start and Out-of-Boundary Lottery**  
**Letter of Intent to Enroll**

If you were admitted to a school where you would like to enroll your child, complete and return this form by **April 1** in order to secure your child's seat. Failure to do so may result in the loss of your seat.

- **If your child is currently enrolled in a DCPS school:** return this form to **your child's current school**, along with a copy of the enclosed admission letter
- **If your child is not currently enrolled in a DCPS school:** return this form to **the school where your child was admitted**

Student's Name: _____ First Last	Guardian's Name: _____ First Last	
Student's Date of Birth: __ / __ / ____ MM DD YYYY	Street Address:	
Student's Gender (circle one): Male Female	City:	
<b>School to which student was admitted for school year 2010-2011:</b>	State:	Zip:
Grade in 2010-2011:	Guardian's Best Contact Phone Number: ( ) -	
School that student currently attends:	Additional Guardian Contact Phone Number(s): ( ) - ( ) -	
Student's DCPS ID# (if student is currently enrolled in a DCPS school):	Guardian Email Address:	
Student's Ethnic Designation: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Student's Race: <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian	

Does your child have special education needs? If so, please describe the services he or she currently receives:

Does your child receive Limited English Proficiency (LEP) or No English Proficiency (NEP) services? Y / N

**By submitting this form, you indicate the following:**

- Your good-faith intent to enroll your child at the DCPS school where your child was admitted
- Your understanding of the necessity of enrolling and verifying your DC residency by May 1 in order to secure your child's seat
- Your understanding that your child's enrollment is contingent on verification that he/she meets the legal age requirement for the grade level you requested, verification that he/she has a sibling currently enrolled at the school if indicated on your application, and verification of **in-boundary** residency if indicated on your pre-school / pre-k / Head Start application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If you have questions, please contact the DCPS Critical Response Team at (202) 478-5738 or by e-mail at [enrollmentprocess@dc.gov](mailto:enrollmentprocess@dc.gov).**